COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF FIRE PROGRAMS

CONFERENCE & EDUCATION ASSISTANCE GRANTS PROGRAM
• APPLICATION FOR CONFERENCE FUNDING •

VDFP Office Use Only
APPLICATION #:   CE -   -

Please read the attached section on grant policy carefully before completing this application. Questions should be directed to the Virginia Department of Fire Programs Policy Analyst.

	Date:	/	/

Organization Name:	
Mailing Address:	

City:		**State:**		**ZIP:**	
Tel #: ( )		**Fax #:** ( )			
E-mail Address:					

AUTHORIZED AGENT / ORGANIZATIONAL CONTACT		
Grant Coordinator:	**Title:**	
Tel: **W:** ( )	**Other:** ( )	**Fax:** ( )

Briefly describe the purpose of your organization:
_____
_____
_____
_____

What is the title, location, and projected date(s) of the symposium?

NAME:

_____

LOCATION:

_____

_____

DATE(S):   Start: _____   End: _____

What is the purpose and scope of the conference?

_____

_____

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_____

Who is the intended audience for your conference? Please indicate the anticipated level of certification for the members of the audience, if applicable.

_____

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Please indicate what lectures/training seminars are planned for your conference and the estimated number of attendees.

LECTURE/CLASS: # ATTENDEES:

1. _____   _____

2. _____   _____

3. _____   _____

4. _____   _____

5. _____   _____

6. _____   _____

7. _____   _____

8. _____   _____

9. _____   _____

10. _____   _____

11. _____   _____

12. _____   _____

USING "ADDENDUM – A", PLEASE DESCRIBE <u>EACH</u> SEMINAR TOPIC BY ANSWERING <u>EACH</u> OF THE FOLLOWING QUESTIONS:

☑ *Does the course correspond with any required fire services training? If "Yes," please explain.*

☑ *What prerequisites, if any, exist for the course?*

☑ *Does the lecture/class adhere to any:*

- ❏ *State…*
- ❏ *Federal…*
- ❏ *International…*
- ❏ *…Certifications,*
- ❏ *…Guidelines,*
- ❏ *…Registry,*
- ❏ *…Other standards: _____*

☑ *Does the lecture/class offer any:*

- ❏ *State…*
- ❏ *Federal…*
- ❏ *International…*
- ❏ *…Certifications,*
- ❏ *…Licenses*

What is the planned approach to topic coverage that will distinguish these lectures/ training seminars from other fire services education conferences?

_____

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Are there any special needs of the lecturers/instructors? Explain.

_____

_____

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_____

Is there a need for audio-visual equipment? Specify.

_____

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_____

OTHER FUNDING SOURCES:

Are any other organizations providing funds for your conference?

❑ Yes ❑ No

Please list such groups by name and indicate the dollar amount to be allocated. Include organizations where funding was requested but subsequently denied:

	NAME:	FUND?	AMOUNT:
1)	_____	❑ Y ❑ N	$ _____
2)	_____	❑ Y ❑ N	$ _____
3)	_____	❑ Y ❑ N	$ _____
4)	_____	❑ Y ❑ N	$ _____
5)	_____	❑ Y ❑ N	$ _____

If this request for funding is DENIED, will your organization be UNABLE to host its conference? If "Yes," please explain.

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ADDITIONAL EXPLANATION OF REQUEST: Please use this space to provide any other information that you believe is pertinent to this application for conference funding.

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VIRGINIA DEPARTMENT OF FIRE PROGRAMS
CONFERENCE & EDUCATION ASSISTANCE GRANTS PROGRAM

ESTIMATED EXPENSES & REQUESTED FUNDING

Indicate the estimated cost* of the following items and the amount of funding your organization requests from the Virginia Fire Programs Conference & Education Assistance Grants Program to assist with that cost.
* Round all figures to the nearest dollar.

	Est. Total Cost	VDFP Grant Request	Other Funds
Lecturer / Instructor Fees	$	$	$
Special Needs of the Lecturers / Instructors	$	$	$
Coach-Class Travel for the Lecturers / Instructors	$	$	$
Audio-Visual Equipment	$	$	$
Additional Props	$	$	$
(Other):	$	$	$
(Other):	$	$	$
(Other):	$	$	$
(Other):	$	$	$
ESTIMATED TOTAL EXPENSES:	**$**	**$**	**$**

SIGNED VERIFICATION OF INFORMATION

Printed Name & Signature of Authorized Individual Completing Application.			
"I hereby attest that the information enclosed within this application is true and accurate to the best of my knowledge."			
Printed Name:		**Title:**	
Signature:		**Date:**	/ /

Application for Conference Funding

ADDENDUM – A:
Answer __each__ of the following questions pertaining to __each__ seminar topic.
You may duplicate this sheet as often as is necessary.

COURSE TOPIC: _____

COURSE DATE: Start: _____   End: _____

Does the course correspond with any _required_ fire services training?	❏ Yes ❏ No

If "Yes," explain:

_____

_____

_____

_____

What prerequisites, if any, exist for this course?

_____

_____

_____

_____

Indicate whether this lecture/course adheres to any:

❏ *State…* ❏ *…Certifications,*   *Identify:*
❏ *Federal…* ❏ *…Guidelines,*
❏ *International…* ❏ *…Registry,*   _____
           ❏ *…Other standards*
           _____

Indicate whether this lecture/course offers any:

❏ *State…* ❏ *…Certifications,*   *Identify:*
❏ *Federal…* ❏ *…Licenses*
❏ *International…*   _____

           _____

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— DO NOT WRITE ON THIS PAGE —

VDFP Operations & Training Comments:

INITIALS

VDFP Business Manager Comments:

INITIALS

VDFP Executive Director Comments:

INITIALS

VDFP Decision:	APPROVED DENIED
Grant Amount:	**$**
Payment Method:	**CHECK** (Check #: _____) **ELECTRONIC TRANSFER**

VDFP Authentication & Date:	/ /
	SIGNATURE OF THE VDFP EXECUTIVE DIRECTOR